

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000070073

**Entity Name:** PRIMARY PSYCHOLOGY OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

2521 13TH STREET, SUITE F  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

2521 13TH STREET, SUITE F  
SAINT CLOUD, FL 34769 US

**FEI Number:** 46-2758854

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANTOS, YAMILA  
2521 13TH STREET, SUITE F  
SAINT CLOUD, FL 34769 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SANTOS, YAMILA  
Address 2521 13TH STREET, SUITE F  
City-State-Zip: SAINT CLOUD FL 34769

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YAMILA SANTOS

**OWNER**

**03/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date